

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90064 026 ****61.25

DOCUMENT # N13573

1. Entity Name

COVENTRY AT PGA NATIONAL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

725 N A1A
 STE 0110
 JUPITER FL 33477
 US

725 N A1A
 STE 0110
 JUPITER FL 33477
 US

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1930 Commerce La

1930 Commerce La

Suite, Apt. #, etc.
 #1

Suite, Apt. #, etc.
 #1

City & State
 Jupiter FL

City & State
 Jupiter FL

4. FEI Number
 59-2692115

Applied For
 Not Applicable

Zip
 33458

Country
 US

Zip
 33458

Country
 US

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INGLIS, STEVE
 725 N A1A #C110
 JUPITER FL 33477

Name

1930 Commerce La
 #1

City
 Jupiter

State
 FL

Zip Code
 33458

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Steve Inglis*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	NAME LEVIES, DOTTIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 135 COVENTRY PL	CITY-ST-ZIP PALM BEACH GARDENS FL 33418	
TITLE DVP	NAME LOWENTHAL, ELAINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 103 S. US HWY., STE F5-135	CITY-ST-ZIP JUPITER FL 33447	
TITLE PD	NAME SCHLANGER, PHOEBE	<input type="checkbox"/> Delete
STREET ADDRESS 143 COVENTRY PL	CITY-ST-ZIP PALM BEACH GARDENS FL 33418	
TITLE SD	NAME PADDOCK, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS 131 COVENTRY PL	CITY-ST-ZIP PALM BCH GARDENS FL 33418	
TITLE D	NAME SHARBAUGH, JAY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 109 COVENTRY PL	CITY-ST-ZIP PALM BEACH GARDENS FL 33418	
TITLE DT	NAME SHERMAN, JAMES	<input checked="" type="checkbox"/> REMAIN
STREET ADDRESS 103 S. US HWY., STE. F5-135	CITY-ST-ZIP JUPITER FL	

TITLE D	NAME James Sileo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 144 Coventry Place	CITY-ST-ZIP Palm Beach Gardens, FL 33418	
TITLE D	NAME DIANE BRENNER HARDY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 130 Coventry Place	CITY-ST-ZIP Palm Beach Gardens, FL 33418	
TITLE D	NAME ROBERT MUNSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 106 COVENTRY PLACE	CITY-ST-ZIP PALM BEACH GARDENS FL 33418	
TITLE D	NAME JUDY DIAMOND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 149 COVENTRY PLACE	CITY-ST-ZIP PALM BEACH GARDENS FL 33418	
TITLE D	NAME ED EISENBERG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 155 COVENTRY PLACE	CITY-ST-ZIP PALM BEACH GARDENS FL 33418	
TITLE D	NAME STUART SCHARAGA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 153 COVENTRY PLACE	CITY-ST-ZIP Palm Beach Gardens, FL 33418	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phoeb Schlang*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)